

**COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services  
Division of Child Care**

**CHILD CARE CENTRAL REGISTRY CHECK**

**STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:**

- A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)
- A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)
- A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)
- Private Child Care Employee (KRS 199.466)
- Out of State Child Care Employee (42 U.S.C. 9858f, 45 C.F.R. 98.43)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

\_\_\_\_\_

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

**NAME:** \_\_\_\_\_  
(first) (middle) (nickname) (maiden) (last)

**Sex:** \_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Date of Initial Hire:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

**Previous Address:** \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

**A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order and this completed form to:**

**Cabinet for Health and Family Services  
Department for Community Based Services  
Division of Child Care  
275 East Main St., 3C-F  
Frankfort, Kentucky 40621**



**CENTRAL REGISTRY CHECK**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer/agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

\_\_\_\_\_  
Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a substantiated finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK** **[FOR OFFICIAL USE ONLY]**

No reportable incident found in accordance with 922 KAR 1:470.

Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_

Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights  Yes  No

A matter subject to administrative review found in accordance with 922 KAR 1:470

**CHECK CONDUCTED ON** \_\_\_\_\_ **BY** \_\_\_\_\_